(BPD)

ATTACHMENT 2.2-A

Page 9

OMB NO.: 0938-

AUGUST 1991 March 1, 2005 State:

ARKANSAS

Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

DCO 1634 of the Act

- Disabled widows and widowers who would be 23. eligible for SSI or SSP except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by section 134 of Pub. L. 98-21 and who are deemed, for purposes of title XIX, to be SSI beneficiaries or SSP beneficiaries for individuals who would be eligible for SSP only, under section 1634(b) of the Act.
 - /X/ Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients.
 - The State applies more restrictive eligibility standards than those under SSI and considers these individuals to have income equalling the SSI Federal benefit rate, or the SSP benefit rate for individuals who would be eligible for SSP only, when determining countable income for Medicaid categorically needy eligibility.

*Agency that determines eligibility for coverage.

Effective Date 3-1-05 TN No. <u>05-08</u> Approval Date 4-5-05

Supersedes TN No. 91-56

HCFA ID: 7983E

STATE Ackansas DATE RECT: 3-2-05

DATE APPLY 4-5-05

DATE EFF. 3-1-05

91-56

Revision: HCFA-PM-91-10 DECEMBER 1991 March 1 2005

	march 1, 20	UO			
	State/Terri	tory	:	AR	KANSAS
Agency*	Citation(s)				Groups Covered
1634(d) Act	of the	Α.	Mand Requ	atory Co	overage - Categorically Needy and Other ecial Groups (Continued)
DCO			24.	unmarr: to the least effect are re of the eligib in the began eligib title	ed widows, disabled widowers, and disabled ied divorced spouses who had been married insured individual for a period of at ten years before the divorce became ive, who have attained the age of 50, who because receipt of title II payments, and who because receipt of title II income lost ility for SSI or SSP which they received month prior to the month in which they to receive title II payments, who would be le for SSI or SSP if the amount of the II benefit were not counted as income, and e not entitled to Medicare Part A.
					The State applies more restrictive eligibility requirements for its blind or disabled than those of the SSI program.
					In determining eligibility as categorically needy, the State disregards the amount of the title II benefits identified in § 1634(d)(1)(A) in determining the income of the individual, but does not disregard any more of this income than would reduce the individual's income to the SSI income standard.
					In determining eligibility as categorically needy, the State disregards only part of the amount of the benefits identified in \$1634(d)(1)(A) in determining the income of the individual, which amount would not reduce the individual's income below the SSI income standard. The amount of these benefits to disregarded is specified in Supplement 4 to Attachment 2.6-A.
DATE RECIC DATE APPVI	rkansas 3-2-05 0 4-5-05		Α		In determining eligibility as categorically needy, the State chooses not to deduct any of the benefit identified in § 1634(d)(1)(A) in determining the income of the individual
	3-1-05		, and a second		91-63

*Agency that determines eligibility for coverage.

TN No. 05-02 Supersedes TN No. 91-63

Approval Date 4-5-05 Effective Date 3-1-05

MARCH 1993

(MB)

ATTACHMENT 2.2-A Page 9b

March 1, 2005 State:

ARKANSAS

Agency* Citation(s)

Groups Covered

Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

DC0 1902(a)(10(E)(i) and 1905(p) of the Act

1902(a)(10)(E)(ii),

1905(s) and 1905(p)(3)(A)(i)

of the Act

DCO

- 25. Qualified Medicare beneficiaries--
 - Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);
 - b. Whose income does not exceed 100 percent of the Federal poverty level; and
 - c. Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)

26. Qualified disabled and working individuals --

- a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;
- b. Whose income does not exceed 200 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.
- d. Who are not otherwise eligible for medical assistance under Title XIX of the Act.

(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)

93-09

STATE Arkansas DATE NECIC. 3-2-05 DATE APPLIE 4-5:05 DATE EFF 3-1-05	Α
HCFA 179	

TN No. Approval Date 4-5.05 Effective Date 3-1-05Supersedes TN No. 93-09

^{*}Agency that determines eligibility for coverage.

	March 1993 March 1, 20	2 05	(MB)		ATTACHMENT 2.2-A Page 9b1
	State:		AR	KANSAS	
gency*	Citation(s)				Groups Covered
		Α.	Manda Requ	atory Cover Lred Specia	age - Categorically Needy and Other 1 Groups (Continued)
CO 902(a)(10	(E)(iii)		27.	Specified	low-income Medicare beneficiaries
nd 1905(p f the Act	o)(3)(A)(ii) :			benefi pursua	e entitled to hospital insurance ts under Medicare Part A (but not nt to an enrollment under section of the Act);
				1994 e is les povert vears	income for calendar years 1993 and exceeds the income level in 25. b., but is than 110 percent of the Federal beginning 1995 is less than 120 at of the Federal poverty level; and
					resources do not exceed twice the
				Medicare I	Part B premiums under section 1839 of
		4 3	-09		STATE ArkansAs DATE RECT 3-2-05 DATE APPLIO 1-5-05 DATE EFF 3-1-05 HCFA 179 05-02
*Agency	that determin	nes e	eligil	oility for	coverage.

Revision	: HCFA-PM-91-4 AUGUST 1991 March 1, 2005	(BPD)	ATTACHMENT 2.2-A Page 9c OMB No.: 0938-
	State:	ARKANSAS	
Agency*	Citation(s)	Groups (Covered
	В. Ор	tional Groups Other 1	Than the Medically Needy
4 1 (1	2 CFR // 1. 35.210 902(a) 10)(A)(ii) and 905(a) of he Act	income and resource optional State suppl	ed below who meet the requirements of AFDC, SSI, or an lement as specified in 42 o do not receive cash
		The plan cover above.	rs all individuals as described
			rs only the following os of individuals:
		Aged Blind Disabled Caretaker Pregnant we	
	2 CFR /\overline{\nabla} 2. 35.211	or an optional State	ld be eligible for AFDC, SSI e supplement as specified in 42 y were not in a medical
*Agency	that determines	eligibility for cove	rage.
TN No.		oval Date <u>4-5-05</u>	Effective Date 3-1-05
Supersection No	1es 91-56		HCFA ID: 7983E
			STATE Arkansas

STATE Arkansas

DATE RECT: 3-2-05

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DATE EFF 3-1-05

HOFA 179 05-02

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Revision: HCFA-PM-91-10 (MB) 1991 DECEMBER

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March 1, 2005

ARKANSAS State/Territory:

Agency*

Citation(s)

Groups Covered

Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.217 Division of County Operations (DCO) and Division of Developmental Disabilities (DDS)

A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

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TN No. 93 07

HCFA ID: 7983E

^{*}Agency that determines eligibility for coverage.

	State	ARKANSAS	
Agency	y* Citation(s)	Groups Covered	
		B. Optional Groups Other Than the Medically Needy (Continued)	
N/A	42 CFR 435.220	[] 6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.	
		[] The State covers all individuals as described above.	
	1902(a)(10)(A) (ii) and 1905(a) of the Act	[] The State covers only the following group or groups of individuals:	
	of the rec	Individuals under the age of	
		$\phantom{00000000000000000000000000000000000$	
		19 18	
		Caretaker relatives	
		Pregnant women	
DCO	42 CFR 435.222 1902(a)(10)	7. [X] a. All individuals who are not described in section 1902(a)(10)(A)(i) of the Act, who meet the income	
	(A)(ii) and	and resource requirements of the AFDC State plan,	
	1905(a)(i) of the Act	and who are under the age of 21 years as indicated below.	
		20	
		19 18	
		The state of the s	
		STATE ACKANSAS DATE RECT 3-2-05	
		92-04 DATE APPLY 0 4-5-05 A	F
		DATE EFF 3-1-05 HCFA 179 05-02	
*Agend	cy that determines elig		rece.

TN # <u>05-02</u> Supersedes TN # <u>92-04</u> Effective Date 3-1-05Approval Date 4-5-05

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March 1, 2005 State:

ARKANSAS

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Age	ncy*	Citation(s)		Groups Covered
				ptional Groups Other Than the Medically Needy Continued)
DCO	1902((A)(i	R 435.231 <u>/X</u> a)(10) i)(V) e Act	7 12	Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A.
				The State covers all individuals as described above.
			<u>/X</u>	The State covers only the following group or groups of individuals:
	(ii)	a)(10)(A) and 1905(a) ne Act		X

TN No. 05-02 Supersedes TN No. 91-56

Approval Date 4-5-05

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HCFA 179		

AUGUST 1991

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March 1, 2005 State: ____

ARKANSAS

Agency* Citation(s) Groups Covered

C. Optional Coverage of the Medically Needy

42 CFR435.301

This plan includes the medically needy.

/ / No.

/X/ Yes. This plan covers:

DCO

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

DCO 1902(e) of the Act

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

DCO 1902(a)(10) (C)(ii)(I) of the Act

3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

TN No. 05-02 Supersedes
TN No. 91.56

Approval Date 4-5-05

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STATE AFRANSAS DATE RECT 3-2-05 Д DATE EFF.

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Agen	ıcy*	Citation(s)				Groups Cover	ed	
DCO	1902(e	e)(4) of	4. Ne Oct as Me is	wborn chi tober 1, medicall dicaid on deemed t dicaid on or one yea	ldren 1984 t y need the d o have the d r so l	applied and ate of birth ong as the w	fter o is eligi eiving hild's bir been foun and remai oman remai	ble th. The child d eligible for ns eligible
N/A	42 CFF	R 435.308	5/	descr	the a 21 20 19 18 or stude	eligible in n section C. ge of under age 1 nts in a sec alent level ical trainin	 above a who are ondary sch of vocatio 	full-time
			<u>/X</u> /	eligi	ble in	classificati dividuals un s specified	der the ag	nancially ges of 21, 20,
			_)	(1)	assum	riduals for waing full or onsibility an	partial fi	agencies are inancial
		D	CFS	<u>X</u> (ā		foster home 21).	es (and are	e under the age

TN No. 05-02
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43-57

<u>X</u>

DCO

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In private institutions (and are under the age of 21).

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Agency*	Citation(s)		Groups Covered
	C. <u>Op</u> t	tional Cove	rage of Medically Needy (Continued)
		(c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of).
		(2)	Individuals in adoptions subsidized in full or part by a public agency (who are under the age of).
		(3)	<pre>Individuals in NFs (who are under the age of). NF services are provided under this plan.</pre>
		(4)	In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of).
DCO		<u>X</u> (5)	Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of 21). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
		(6)	Other defined groups (and ages), as specified in Supplement 1 of

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DATE EFF. 3-1-05

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HCFA ID: 7983E

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AUGUST 1991 March 1, 2005 State:

ARKANSAS

Agency* Citation(s)

Groups Covered

C. Optional Coverage of Medically Needy (Continued)

DC0 42 CFR 435.310 $\sqrt{X/}$ 6. Caretaker relatives.

DCO 42 CFR 435.320 $/\overline{X}$ / 7. Aged individuals. and 435.330

DC0 42 CFR 435.322 $\sqrt{X/}$ 8. Blind individuals. and 435.330

DCO 42 CFR 435.324 \sqrt{X} / 9. Disabled individuals. and 435.330

N/A 42 CFR 435.326 \angle 10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.

DCO 435.340

11. Blind and disabled individuals who:

- a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;
- b. Were eligible as medically needy in December 1973 as blind or disabled; and
- c. For each consecutive month after December 1943 continue to meet the December 1973 eligibility criteria.

TN No. 65-02 Approval Date 4-5-05 Supersedes TN No. 91-56

Effective Date 3-1-05

HCFA ID: 7983E

STATE ACKANSAS DATE REC10 3-2-05 DATE APPLYE 4-5-05 DATE EFF_ 3-1-05 HCFA 179 __

91-56

Revision: HCFA Region VI

December 1990

Revised: March 1, 2005

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		State: ARKANSAS	
Agency*	Citation	Groups Covered	
Division of County Ope (DCO)		X 13. Unemployed Parents	

*Agency that determines eligibility for coverage

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	STATE ACKANSAS	
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į	DATE EFF 3-1-05	
	HCFA 178 05-02	

TN No. 05-02

Effective Date: 3-1-05

Supersedes
TN No. 91-93

Approval Date: 4-5-05